FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization * Statement must be filed within 10 days of committee accepting contribution	Reset Form	FORM DR-1 (Rev. 10/2009) For Office Use	STATEMENT OF ORGANIZATION Only
Effective May 1, 2010, all statements and reports for State PACs and State Effective May 1, 2010, all statements and reports filed by new committee electronically and effective January 1, 2012, all statements and reports filed must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State F	of a change. s for state office must be filed by all committees for state office	Comm. # Indexed Audited Computer	
COMMITTEE NAME + + (A candidate's committee must include the put old name in (). Jeanine Tellin for Supervisor			mending committee name, $4 \cdot 16 \cdot 16$
IMPORTANT: Indicate type of committee you are reporting for: 5 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees) Name ↓ ↓ Translation	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)
Dennis (ellin	Name ↓ ↓		2
Mailing Address + 18534 100th Street	Mailing Address ↓ ↓		<u> </u>
City, State 1 1 Zip Code 1 1 50655-7634	City, State ↓ ↓ Zip Code ↓ ↓	100 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	3 32
Phone (563 637 - 2774	Phone ()		
e-Mail	e-Mail		두 명
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	Ar	dvocate against ballo	tissue(s)
Office Sought: Faye He County Supervisor	County/Local Candidates a	nd Ballot Issue Con	mittees Enter:
All Candidates Enter: Office Sought: Faye He County Supervisor. Political Party (if applicable) Republican	County: <u>FayeHe</u> (If active in multiple ballot issu	ue elections, attach lie	st of counties
District:	Date of Election: Noven		
Year Standing for Election: 2000 Bank Account Name (must match committee name)		•	
(mass meass commune)	Candidate name & Address or Pr	arent Entity (PACs, i ffiliate, or Sponsor	f applicable),
Deanine Tellin for Supervision	Jeanine Te	Ilia	
Name of Financial Institution/type of Account	Mailing Address ↓ ↓	WIII	
Maynard Davings Bank-checking	18534 100th	Stroot.	
Mailing Address 1	City 1	State ↓ ↓	Zip ↓ ↓
P.O. Box 150	Maynard, IA	50655-	7634
City 1 State 1 Zip 1	Phone (563) 637-27		
Maynard 14 50655-0158	e-Mail		
STATEMENT OF AFFIRMATION: By filling this document the committee affirms the following:			
1. The committee and all persons connected with the committee understand that that are cubicat to the laws in law Co. 1. 1.			
The state of the s			
2. That lows Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.			
3. That lows Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political			
materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.			
4. That lowa Code section 68A.503 and rules 3514.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs.			
5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 3514.25.			
6. That the committee will continue to file alsolosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.			
Cemi K (alln' HMFTC	4-15-1	0	
Signature of Treasurer	.//	Date Signed	
Signalure of Candidate, OR, for all other committees, Chairperson	<u>41</u>	14110	